

Daily Meal Production Record for Infants

Instructions: Write the name of the infant eating the meal. Record which meals are being claimed (not to exceed more than 2 meals and a snack or 2 snacks and a meal). Record the **amounts** each infant is **offered** and list specific **foods** that are **offered** to infant. **Note: Infant cereal and formula must be iron-fortified. All juices must be 100% and served full strength.**

0-3 Months

Date: _____

Name of Infant	Meals Being Claimed	Breakfast (B)	AM Snack (AM)	Lunch (L)	PM Snack (PM)	Supper (S)	Evening Snack (ES)
	B, AM, L, PM, S, and/or ES	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk	4-6 Ounces Infant Formula or Breast Milk
		Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
		Formula:	Formula:	Formula:	Formula:	Formula:	Formula:
		Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
		Formula:	Formula:	Formula:	Formula:	Formula:	Formula:
		Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
		Formula:	Formula:	Formula:	Formula:	Formula:	Formula:
		Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
		Formula:	Formula:	Formula:	Formula:	Formula:	Formula:
		Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
		Formula:	Formula:	Formula:	Formula:	Formula:	Formula:

4-7 Months

Date: _____

Name of Infant	Meals Being Claimed	Breakfast (B)	AM Snack (AM)	Lunch (L)	PM Snack (PM)	Supper (S)	Evening Snack (ES)
	B, AM, L, PM, S, and/or ES	4-8 Ounces Infant Formula or Breast Milk And 0-3 Tbsp. Infant Cereal (optional)	4-8 Ounces Infant Formula or Breast Milk	4-8 Ounces Infant Formula or Breast Milk And 0-3 Tbsp. Infant Cereal (optional) And 0-3 Tbsp. Fruit and/or Vegetable (not juice) (optional)	4-8 Ounces Infant Formula or Breast Milk	4-8 Ounces Infant Formula or Breast Milk And 0-3 Tbsp. Infant Cereal (optional) And 0-3 Tbsp. Fruit and/or Vegetable (not juice) (optional)	4-8 Ounces Infant Formula or Breast Milk
		Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:
		Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:
		Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:
		Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:
		Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:	Amount: Formula: Food(s):	Amount: Formula:

8-11 Months

Date: _____

[illegible]